

| A FDID <u>08251</u> State <u>MI</u> Incident Date <u>MM 10 DD 12 YYYY 2016</u> Station <u>Sta 3</u> Incident Number <u>16-12089W</u> Exposure <u>0</u> | | NFIRS-1 Basic | | | | | | | | | | | | | |
|--|-------------------|--|--|-------------|-----------|-----------|--------------|----------|----------|--------------|-------------------|-------------------|----------------|----------|--|
| B Location Type Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions <input type="checkbox"/> US National Grid </div> <div style="width: 35%;"> Census Tract <u>5869</u> - <u>100</u> <u>32122</u> <u>Hamilton</u> Number/Milepost Prefix Street or Highway <u>Wayne</u> Apt./Suite/Room City State Zip Code Cross Street, Directions or National Grid, as applicable </div> </div> | | | | | | | | | | | | | | | |
| C Incident Type <u>736</u> CO detector activation due to malfunction | | E1 Dates and Times Midnight is 0000 | | | | | | | | | | | | | |
| D Aid Given or Received <div style="display: flex;"> <div style="width: 60%;"> 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None </div> <div style="width: 40%;"> Their FDID <u> </u> Their State <u> </u> Their Incident Number <u> </u> </div> </div> | | <div style="display: flex;"> <div style="width: 60%;"> Alarm Month <u>10</u> Day <u>12</u> Year <u>2016</u> Hour <u>22</u> Min <u>09</u> Sec <u>00</u> Arrival Month <u>10</u> Day <u>12</u> Year <u>2016</u> Hour <u>22</u> Min <u>19</u> Sec <u>00</u> Controlled <u> </u> Last Unit Cleared Month <u>10</u> Day <u>12</u> Year <u>2016</u> Hour <u>22</u> Min <u>31</u> Sec <u>00</u> </div> <div style="width: 40%;"> Check boxes if dates are the same as Alarm Date. ARRIVAL required, unless canceled or did not arrive CONTROLLED optional, except for wildland fires LAST UNIT CLEARED, required except for wildland fires </div> </div> | | | | | | | | | | | | | |
| F Actions Taken <u>86</u> Investigate <u>81</u> Incident command Additional Action Taken (2) | | G1 Resources <div style="display: flex;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Suppression</th> <th>Apparatus</th> <th>Personnel</th> </tr> <tr> <td><u>2</u></td> <td><u>4</u></td> <td></td> </tr> <tr> <td>EMS <u>0</u></td> <td><u>0</u></td> <td></td> </tr> <tr> <td>Other <u>0</u></td> <td><u>0</u></td> <td></td> </tr> </table> </div> <div style="width: 40%;"> G2 Estimated Dollar Losses and Values <p>LOSSES Required for all fires if known. Optional for non-fires. None</p> <p>Property \$ <u> </u></p> <p>Contents \$ <u> </u></p> <p>PRE-INCIDENT VALUE: Optional</p> <p>Property \$ <u> </u></p> <p>Contents \$ <u> </u></p> </div> </div> | | Suppression | Apparatus | Personnel | <u>2</u> | <u>4</u> | | EMS <u>0</u> | <u>0</u> | | Other <u>0</u> | <u>0</u> | |
| Suppression | Apparatus | Personnel | | | | | | | | | | | | | |
| <u>2</u> | <u>4</u> | | | | | | | | | | | | | | |
| EMS <u>0</u> | <u>0</u> | | | | | | | | | | | | | | |
| Other <u>0</u> | <u>0</u> | | | | | | | | | | | | | | |
| Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11 | | H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>Death</th> <th>Injury</th> </tr> <tr> <td>Fire Service</td> <td><u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Civilian</td> <td><u> </u></td> <td><u> </u></td> </tr> </table> H2 Detector <p>1 <u> </u> Required for confined fires. Detector alerted occupants</p> <p>2 <u> </u> Detector did not alert occupants</p> <p>U <u> </u> Unknown</p> | | | Death | Injury | Fire Service | <u>0</u> | <u>0</u> | Civilian | <u> </u> | <u> </u> | | | |
| | Death | Injury | | | | | | | | | | | | | |
| Fire Service | <u>0</u> | <u>0</u> | | | | | | | | | | | | | |
| Civilian | <u> </u> | <u> </u> | | | | | | | | | | | | | |
| H3 Hazardous Materials Release <p>0 Special HazMat actions required or spill >= 55 gal.</p> <p>1 Natural gas: slow leak, no evac. or HazMat actions</p> <p>2 Propane gas - Less than a 21 lb. tank</p> <p>3 Gasoline - vehicle fuel tank or portable container</p> <p>4 Kerosene - fuel-burning equipment/portable storage</p> <p>5 Diesel fuel/fuel oil - vehicle fuel tank/portable</p> <p>6 Household/office solvent or chemical spill</p> <p>7 Motor oil - from engine or portable container</p> <p>8 Paint - spills less than 55 gallons</p> <p>N None</p> | | I Mixed Use Property <p>00 Mixed use, other</p> <p>10 Assembly use</p> <p>20 Educational use</p> <p>33 Medical use</p> <p>40 Residential use</p> <p>51 Row of stores</p> <p>53 Enclosed mall</p> <p>58 Business and residential use</p> <p>59 Office use</p> <p>60 Industrial use</p> <p>63 Military use</p> <p>65 Farm use</p> <p>NN <input checked="" type="checkbox"/> Not mixed use</p> | | | | | | | | | | | | | |

| J Property Use Structures | | | | | |
|---------------------------|---|-----|--|-----|---|
| 131 | Church, mosque, synagogue, temple, chapel | 341 | Clinic, clinic-type infirmary | 539 | Household goods, sales, repairs |
| 161 | Restaurant or cafeteria | 342 | Doctor, dentist or oral surgeon office | 571 | Service station, gas station |
| 162 | Bar or nightclub | 351 | Jail, prison (not juvenile) | 579 | Motor vehicle or boat sales, services, repair |
| 213 | Elementary school, including kindergarten | 419 | 1 or 2 family dwelling | 599 | Business office |
| 215 | High school/junior high school/middle school | 429 | <input checked="" type="checkbox"/> Multifamily dwelling | 615 | Electric-generating plant |
| 241 | Adult education center, college classroom | 439 | Boarding/rooming house, residential hotels | 629 | Laboratory or science laboratory |
| 311 | 24-hour care Nursing homes, 4 or more persons | 449 | Hotel/motel, commercial | 700 | Manufacturing, processing |
| 331 | Hospital - medical or psychiatric | 459 | Residential board and care | 819 | Livestock, poultry storage |
| | | 464 | Barracks, dormitory | 882 | Parking garage, general vehicle |
| | | 519 | Food and beverage sales, grocery store | 891 | Warehouse |
| Outside | | 936 | Vacant lot | 981 | Construction site |
| 124 | Playground | 938 | Graded and cared-for plots of land | 984 | Industrial plant yard - area |
| 655 | Crops or orchard | 946 | Lake, river, stream | | |
| 669 | Forest, timberland, woodland | 951 | Railroad right-of-way | | |
| 807 | Outside material storage area | 960 | Street, other | | |
| 919 | Dump, sanitary landfill | 961 | Highway or divided highway | | |
| 931 | Open land or field | 962 | Residential street, road or residential driveway | | |

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use 429 Code

Property Use Description Multifamily dwelling

K1 Person/Entity Involved

Local Option ☐ Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

Mr., Ms., Mrs. First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number 32122 Prefix [Redacted] Street or Highway Hamilton Street Type PL Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City Wayne

State MI Zip Code 48184 - [Redacted]

K2 Owner

Same as person involved? ☐ Then check this box and skip the rest of this block.

Local Option ☐ Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines.

Business Name (if Applicable) [Redacted] Area Code [Redacted] Phone Number [Redacted]

Mr., Ms., Mrs. First Name [Redacted] MI [Redacted] Last Name [Redacted] Suffix [Redacted]

Number [Redacted] Prefix [Redacted] Street or Highway [Redacted] Street Type [Redacted] Suffix [Redacted]

Post Office Box [Redacted] Apt./Suite/Room [Redacted] City [Redacted]

State [Redacted] Zip Code [Redacted] - [Redacted]

M Authorization

| | | | | | | |
|--|---|--|--|--|--|---|
| Officer in charge ID 47 | Signature Jeffery Pochron | Position or rank Captain | Assignment Station 3 | Month 10 | Day 12 | Year 2016 |
| Member Making report ID 47 | Signature Jeffery Pochron | Position or rank Captain | Assignment Station 3 | Month 10 | Day 12 | Year 2016 |

L Remarks

Local Option ☐

E3 & R3 were dispatched to location for a report of a CO detector activation.

On arrival FD interview with the resident had the resident stating to FD that the dwelling's combination CO detector had activated for a brief moment & then stopped sounding. She stated that she called 911 because she was unsure if there was any CO present in the home. The resident also stated that the CO detector was a new unit, recently installed by the building's maintenance personnel.

FD used its CO monitor to check for any CO within the structure, finding no CO reading on the monitor. FD had the resident run hot water from the bath tub to get the natural gas fueled water heater to operate. When the water heater began to operate, the FD CO monitor registered a slight CO reading of 7 while being held near the exhaust pipe on top of the water heater & then the unit again zeroed out. The dwelling's CO monitor did not activate. FD took its CO monitor outside into fresh air & restarted the unit again to establish a zero reading in the fresh air. After restarting the unit outside, the unit was again brought into the structure & a check of the water heater's exhaust piping with the unit, as well as the rest of the dwelling three levels, did not detect any CO presence within the structure.

FD advised the residence of its findings & that if the dwelling's CO alarm sounded again to again call 911.

E3 took info for report & E3 & R3 cleared from incident.

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">08251</div> <div style="border: 1px solid black; padding: 2px 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">10</div> <div style="border: 1px solid black; padding: 2px 5px;">12</div> <div style="border: 1px solid black; padding: 2px 5px;">2016</div> <div style="border: 1px solid black; padding: 2px 5px;">Sta 3</div> <div style="border: 1px solid black; padding: 2px 5px;">16-12089W</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: 150px;"> NFIRS-9 Apparatus or Resources </div> </div> | | | | | | | | | |
| FDID State Incident Date Station Incident Number Exposure | | | | | | | | | |

| B Apparatus or Resource | | Dates and Times | | Midnight is 0000 | Sent | Number of People | Apparatus Use | Actions Taken | |
|-------------------------|---|---|---|---|------|---------------------|--|---|---|
| | | Check if the same date as Alarm date on the Basic Module (Block E1) | | | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. | |
| 1 | ID <div style="border: 1px solid black; padding: 2px 10px;">E-3</div> Type <div style="border: 1px solid black; padding: 2px 10px;">13</div> | Dispatch | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2209</div> </div> | Sent | X | 2 | Other X Suppression EMS | <div style="border: 1px solid black; padding: 2px 10px;">86</div> <div style="border: 1px solid black; padding: 2px 10px;">81</div> |
| | | Arrival | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2219</div> </div> | X | | | <div style="border: 1px solid black; padding: 2px 10px;"></div> <div style="border: 1px solid black; padding: 2px 10px;"></div> | |
| | | Clear | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2231</div> </div> | | | | <div style="border: 1px solid black; padding: 2px 10px;"></div> <div style="border: 1px solid black; padding: 2px 10px;"></div> | |
| 2 | ID <div style="border: 1px solid black; padding: 2px 10px;">R-3</div> Type <div style="border: 1px solid black; padding: 2px 10px;">76</div> | Dispatch | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2209</div> </div> | Sent | X | 2 | Other X Suppression EMS | <div style="border: 1px solid black; padding: 2px 10px;">86</div> <div style="border: 1px solid black; padding: 2px 10px;"></div> |
| | | Arrival | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2219</div> </div> | X | | | <div style="border: 1px solid black; padding: 2px 10px;"></div> <div style="border: 1px solid black; padding: 2px 10px;"></div> | |
| | | Clear | X | <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px 10px;">10/12/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2231</div> </div> | | | | <div style="border: 1px solid black; padding: 2px 10px;"></div> <div style="border: 1px solid black; padding: 2px 10px;"></div> | |

| | | | | | | | | | |
|----------|------------|-------|-------|-------|-----------|-------|---------------------------|------------|-------------------------------|
| A | FDID 08251 | MI MI | MM 10 | DD 12 | YYYY 2016 | Sta 3 | Incident Number 16-12089W | Exposure 0 | NFIRS-10 Personnel |
|----------|------------|-------|-------|-------|-----------|-------|---------------------------|------------|-------------------------------|

| B Apparatus or Resource | Dates and Times | Sent | Number of People | Apparatus Use | Actions Taken |
|---|--|------------------|------------------|--|---|
| Check if the same date as Alarm date on the Basic Module (Block E1) | | Midnight is 0000 | | | |
| | Month/Day/Year Hour/Min | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |
| 1 ID E-3 Type 13 | Dispatch X 10/12/2016 2209 Arrival X 10/12/2016 2219 Clear X 10/12/2016 2231 | Sent X | 2 | Other X Suppression EMS | 86 81 |
| Personnel ID | Name | Rank Or Grade | Action Taken | Action Taken | Action Taken |
| 47 | Pochron, Jeffery | Captain | 86 | 81 | |
| 1220 | Silvestri, Alexander | Sgt | 86 | 81 | |

| B Apparatus or Resource | Dates and Times | Sent | Number of People | Apparatus Use | Actions Taken |
|---|--|-----------------------|------------------|--|---|
| Check if the same date as Alarm date on the Basic Module (Block E1) | | Midnight is 0000 | | | |
| | Month/Day/Year Hour/Min | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. |
| 2 ID R-3 Type 76 | Dispatch X 10/12/2016 2209 Arrival X 10/12/2016 2219 Clear X 10/12/2016 2231 | Sent X | 2 | Other X Suppression EMS | 86 |
| Personnel ID | Name | Rank Or Grade | Action Taken | Action Taken | Action Taken |
| 2494 | Lyssiotis, Anthony | Firefighter | 86 | | |
| 68 | Beaubien, Jacob | Firefighter/Paramedic | 86 | | |

| A FDID <input type="text" value="08251"/> State <input type="text" value="MI"/> Incident Date MM <input type="text" value="12"/> DD <input type="text" value="05"/> YYYY <input type="text" value="2016"/> Station <input type="text" value="Sta 3"/> Incident Number <input type="text" value="16-14287W"/> Exposure <input type="text" value="0"/> | | NFIRS-1 Basic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|---|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------|--------------------------------|--------------------------------|---------|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| B Location Type <input checked="" type="checkbox"/> Street address Intersection In front of Rear of Adjacent to Directions US National Grid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires. <div style="display: flex; justify-content: space-between;"> <div> Number/Milepost <input type="text" value="5636"/> Prefix <input type="text" value="E"/> Street or Highway <input type="text" value="Hickory Hollow"/> </div> <div> Census Tract <input type="text" value="5669"/> - <input type="text" value="00"/> </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Apt/Subs/Room <input type="text"/> City <input type="text" value="Wayne"/> </div> <div> State <input type="text" value="MI"/> Zip Code <input type="text" value="48184"/> - <input type="text"/> </div> </div> Cross Street, Directions or National Grid, as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Incident Type <input type="text" value="424"/> Carbon monoxide incident | | E1 Dates and Times Midnight is 0000 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Month</th> <th>Day</th> <th>Year</th> <th>Hour</th> <th>Min</th> <th>Sec</th> </tr> </thead> <tbody> <tr> <td>Alarm</td> <td><input type="text" value="12"/></td> <td><input type="text" value="05"/></td> <td><input type="text" value="2016"/></td> <td><input type="text" value="19"/></td> <td><input type="text" value="45"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td>Arrival</td> <td><input type="text" value="12"/></td> <td><input type="text" value="05"/></td> <td><input type="text" value="2016"/></td> <td><input type="text" value="19"/></td> <td><input type="text" value="50"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td>Controlled</td> <td><input type="text" value="12"/></td> <td><input type="text" value="05"/></td> <td><input type="text" value="2016"/></td> <td><input type="text" value="19"/></td> <td><input type="text" value="50"/></td> <td><input type="text" value="00"/></td> </tr> <tr> <td>Last Unit Cleared</td> <td><input type="text" value="12"/></td> <td><input type="text" value="05"/></td> <td><input type="text" value="2016"/></td> <td><input type="text" value="20"/></td> <td><input type="text" value="15"/></td> <td><input type="text" value="00"/></td> </tr> </tbody> </table> | | | Month | Day | Year | Hour | Min | Sec | Alarm | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="45"/> | <input type="text" value="00"/> | Arrival | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="50"/> | <input type="text" value="00"/> | Controlled | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="50"/> | <input type="text" value="00"/> | Last Unit Cleared | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="20"/> | <input type="text" value="15"/> | <input type="text" value="00"/> |
| | Month | Day | Year | Hour | Min | Sec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alarm | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="45"/> | <input type="text" value="00"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arrival | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="50"/> | <input type="text" value="00"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Controlled | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="19"/> | <input type="text" value="50"/> | <input type="text" value="00"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Unit Cleared | <input type="text" value="12"/> | <input type="text" value="05"/> | <input type="text" value="2016"/> | <input type="text" value="20"/> | <input type="text" value="15"/> | <input type="text" value="00"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N <input checked="" type="checkbox"/> None | | E2 Shifts and Alarms Local Option <input type="text" value="A"/> Alarms <input type="text" value="1"/> District <input type="text" value="3"/> Shift or Platoon E3 Special Studies Local Option <input type="text"/> Special Study ID# <input type="text"/> Special Study Value <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Actions Taken Primary Action Taken (1) <input type="text" value="86"/> Investigate <input type="text" value="81"/> Incident command Additional Action Taken (2) <input type="text" value="42"/> HazMat detection, monitoring, sampling, & analysis Additional Action Taken (3) | | G1 Resources <input checked="" type="checkbox"/> Check this box and text this block if an Apparatus or Personnel Module is used. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Apparatus</th> <th>Personnel</th> </tr> </thead> <tbody> <tr> <td>Suppression</td> <td><input type="text" value="1"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td>EMS</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Other</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> </tbody> </table> Check box if resources counts include aid received resources. | | | Apparatus | Personnel | Suppression | <input type="text" value="1"/> | <input type="text" value="2"/> | EMS | <input type="text" value="0"/> | <input type="text" value="0"/> | Other | <input type="text" value="0"/> | <input type="text" value="0"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | Apparatus | Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suppression | <input type="text" value="1"/> | <input type="text" value="2"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMS | <input type="text" value="0"/> | <input type="text" value="0"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | <input type="text" value="0"/> | <input type="text" value="0"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G2 Estimated Dollar Losses and Values LOSSES Required for all fires if known. Optional for non-fires. None Property \$ <input type="text"/> Contents \$ <input type="text"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> Contents \$ <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 Arson-11 | | H1 Casualties <input checked="" type="checkbox"/> None <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Death</th> <th>Injury</th> </tr> </thead> <tbody> <tr> <td>Fire</td> <td><input type="text" value="0"/></td> <td><input type="text" value="0"/></td> </tr> <tr> <td>Service</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Civilian</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupants U Unknown | | | Death | Injury | Fire | <input type="text" value="0"/> | <input type="text" value="0"/> | Service | <input type="text"/> | <input type="text"/> | Civilian | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | |
| | Death | Injury | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire | <input type="text" value="0"/> | <input type="text" value="0"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Civilian | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None | | I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN <input checked="" type="checkbox"/> Not mixed use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| J Property Use Structures | | | | | |
|---------------------------|---|-----|--|-----|---|
| 131 | Church, mosque, synagogue, temple, chapel | 341 | Clinic, clinic-type infirmary | 539 | Household goods, sales, repairs |
| 161 | Restaurant or cafeteria | 342 | Doctor, dentist or oral surgeon office | 571 | Service station, gas station |
| 162 | Bar or nightclub | 361 | Jail, prison (not juvenile) | 579 | Motor vehicle or boat sales, services, repair |
| 213 | Elementary school, including kindergarten | 419 | 1 or 2 family dwelling | 599 | Business office |
| 215 | High school/junior high school/middle school | 429 | <input checked="" type="checkbox"/> Multifamily dwelling | 615 | Electric-generating plant |
| 241 | Adult education center, college classroom | 439 | Boarding/rooming house, residential hotels | 629 | Laboratory or science laboratory |
| 311 | 24-hour care Nursing homes, 4 or more persons | 449 | Hotel/motel, commercial | 700 | Manufacturing, processing |
| 331 | Hospital - medical or psychiatric | 459 | Residential board and care | 819 | Livestock, poultry storage |
| | | 464 | Barracks, dormitory | 882 | Parking garage, general vehicle |
| | | 519 | Food and beverage sales, grocery store | 891 | Warehouse |
| Outside | | | | | |
| 124 | Playground | 936 | Vacant lot | 981 | Construction site |
| 655 | Crops or orchard | 938 | Graded and cared-for plots of land | 984 | Industrial plant yard - area |
| 669 | Forest, timberland, woodland | 946 | Lake, river, stream | | |
| 807 | Outside material storage area | 951 | Railroad right-of-way | | |
| 919 | Dump, sanitary landfill | 960 | Street, other | | |
| 931 | Open land or field | 961 | Highway or divided highway | | |
| | | 982 | Residential street, road or residential driveway | | |

Look up and enter a Property Use code and description only if you have NOT checked a Property Use Box.

Property Use 429
 Code
 Multifamily dwelling
 Property Use Description

K1 Person/Entity Involved
 Local Option
 Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

| | | | | | | | |
|--|---|--|---|--|--|---|--|
| Business Name (if Applicable) Hickory Hollow Townhouses | | | | Area Code | | Phone Number | |
| Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix | | | |
| | | | | | | | |
| Number | Prefix | Street or Highway | | Street Type | | Suffix | |
| 5636 | E | Hickory Hollow | | | | | |
| Post Office Box | Apt./Suite/Room | City | | | | | |
| MI | 48184 | Wayne | | | | | |
| State | Zip Code | | | | | | |

K2 Owner
 Local Option
 Check this box if same address as incident Location (Section B). Then skip the three duplicate address lines.

| | | | | | | | |
|--|---|---|---|--|--|---|--|
| Business Name (if Applicable) | | | | Area Code | | Phone Number | |
| Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix | | | |
| | | | | | | | |
| Number | Prefix | Street or Highway | | Street Type | | Suffix | |
| | | | | | | | |
| Post Office Box | Apt./Suite/Room | City | | | | | |
| | | | | | | | |
| State | Zip Code | | | | | | |

M Authorization

| | | | | | | |
|--|---|---|--|--|--|--|
| 2496 | David Polite | Firefighter | Battalion Chief Office | 12 | 05 | 2016 |
| Officer in charge ID | Signature | Position or rank | Assignment | Month | Day | Year |
| 47 | Jeffery Pochron | Captain | Station 3 | 12 | 05 | 2016 |
| Member Making report ID | Signature | Position or rank | Assignment | Month | Day | Year |

L **Remarks**
Local Option

E3 was dispatched to location for a report of a carbon monoxide detector activation without any persons experiencing CO exposure symptoms.

On arrival E3 spoke with the resident , who stated that her CO detector began sounding about 20 minutes prior to her calling 911 for FD response to the location. She stated that she had opened some of the dwelling's windows when the alarm began to sound & that the windows were still open. E3 checked the residence & found a CO level of 9 ppm within the structure, but that the level was slowly dropping.

The resident stated that she had also called the complex's maintenance about the CO detector activation. While E3 was @ the location, a private HVAC company (Burtons) showed up @ the location, stating that they had been contacted by the maintenance personnel & asked to respond to the location to determine the CO problem.

A check of all of the natural gas powered appliances within the structure found that the kitchen stove was giving off low levels of CO when operating. The resident did state that she had been using the oven prior to the CO detector sounding.

E3 advised the resident to not use the kitchen oven until the unit could be repaired and/or replaced, which the resident stated that she would do. The private HVAC company personnel stated that he would call the complex's maintenance personnel about the CO findings & if the appliance in question was to be repaired or replaced.

The residence was again ventilated by opening up windows until the CO level within the dwelling was zero. E3 then took info for report & E3 cleared from the incident.

NOTE—FD was unable obtain any information of the make/model of the kitchen range.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| A <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">08251</div> <div style="border: 1px solid black; padding: 2px 5px;">MI</div> <div style="border: 1px solid black; padding: 2px 5px;">12</div> <div style="border: 1px solid black; padding: 2px 5px;">05</div> <div style="border: 1px solid black; padding: 2px 5px;">2016</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">Sta 3</div> <div style="border: 1px solid black; padding: 2px 5px;">16-14287W</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> </div> <div style="text-align: right; padding-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> NFIRS-9 Apparatus or Resources </div> </div> | | | | | | | | | |
| FDID State Incident Date Station Incident Number Exposure | | | | | | | | | |

| B Apparatus or Resource | Dates and Times | Sent | Number of People | Apparatus Use | Actions Taken |
|--|---|---|--|--|--|
| <small>Check if the same date as Alarm date on the Basic Module (Block E1)</small> <div style="display: flex; justify-content: space-between;"> Month/Day/Year Hour/Min </div> | | | | | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="display: flex; flex-direction: column;"> <div>ID <div style="border: 1px solid black; padding: 2px 10px;">E-3</div></div> <div>Type <div style="border: 1px solid black; padding: 2px 10px;">13</div></div> </div> </div> | <div style="display: flex; flex-direction: column;"> <div>Dispatch <input checked="" type="checkbox"/> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">1945</div> </div> </div> <div>Arrival <input checked="" type="checkbox"/> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">1950</div> </div> </div> <div>Clear <input checked="" type="checkbox"/> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px;">12/05/2016</div> <div style="border: 1px solid black; padding: 2px 10px;">2015</div> </div> </div> </div> | Sent <input checked="" type="checkbox"/> | <div style="border: 1px solid black; padding: 2px 10px;">2</div> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Other <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px 10px;">86</div> <div style="border: 1px solid black; padding: 2px 10px;">81</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px 10px;">42</div> <div style="border: 1px solid black; padding: 2px 10px;"></div> </div> |

| | | | | | | | | | | |
|----------|--|------------|--|----------|-------------------------------------|---------------|---------------------------|------------|-------------------------------|--|
| A | | FDID 08251 | | State MI | Incident Date MM 12 DD 05 YYYY 2016 | Station Sta 3 | Incident Number 16-14287W | Exposure 0 | NFIRS-10 Personnel | |
|----------|--|------------|--|----------|-------------------------------------|---------------|---------------------------|------------|-------------------------------|--|

| | | | | | | | | | | |
|--------------------------------|---------|---|---|---------------------------------|---------------|-------------|-------------------------|---|--|----|
| B Apparatus or Resource | | Dates and Times <small>Check if the same date as Alarm date on the Basic Module (Block E-1)</small> | | <small>Midnight is 0000</small> | | Sent | Number of People | Apparatus Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> | Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small> | |
| 1 | ID E-3 | Dispatch | X | Month/Day/Year 12/05/2016 | Hour/Min 1945 | X | 2 | X Other Suppression EMS | 86 | 81 |
| | Type 13 | Arrival | X | 12/05/2016 | 1950 | | | | 42 | |
| | | Clear | X | 12/05/2016 | 2015 | | | | | |
| | | | | | | | | | | |

| Personnel ID | Name | Rank Or Grade | Action Taken | Action Taken | Action Taken | Action Taken |
|--------------|----------------------|---------------|--------------|--------------|--------------|--------------|
| 47 | Pochron, Jeffery | Captain | 86 | 81 | 42 | |
| 1220 | Silvestri, Alexander | Sgt | 86 | 81 | 42 | |

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE

WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 1

Unit Call Sign: Rescue 4

| Patient Information | | | | | | | | | | | | | | | | | | | |
|---|------------|-------|--------|---------------------|--------|---------------------------|------------|-------------------------|---------------------------------------|------|--------|----------------------|-----|------|----------------|--------------------|------------------|--|--|
| Name: [REDACTED] | | | | | | Age: [REDACTED] | | | D.O.B: [REDACTED] (mm/dd/yyyy) | | | | | | | | | | |
| Address: 5636 E. Hickory Hollow | | | | | | Gender: [REDACTED] | | | SSN: [REDACTED] | | | | | | | | | | |
| Wayne, Wayne, MI48184 | | | | | | Weight: [REDACTED] | | | Race: [REDACTED] | | | | | | | | | | |
| | | | | | | Phone: [REDACTED] | | | Ethnicity: [REDACTED] | | | | | | | | | | |
| Provider Impression | | | | | | | | | | | | | | | | | | | |
| Primary Impression | | | | | | | | | Secondary Impression | | | | | | | | | | |
| Altered Level of Consciousness | | | | | | | | | Not Applicable | | | | | | | | | | |
| Narrative | | | | | | | | | | | | | | | | | | | |
| Summary of Events | | | | | | | | | | | | | | | | | | | |
| A534 dispatched to listed location for male with [REDACTED] En route WLFED E3 advised there is a carbon monoxide situation at location. Arrived on scene to find incident involving 4 pt's. Listed pt is [REDACTED] CO reading in home ranged 120-200 ppm CO. Unknown how long pt's were exposed to this level. [REDACTED] Pt to A534 without incident. Pt VS taken. [REDACTED] Pt transported to GCOH with ongoing pt assessments. Pt condition [REDACTED] Pt care to ED staff with report. 02 continued at 15LPM via NRB. GCOH staff reports that the hyperbaric chamber on premises is used only for wound care therapy. A534 clear. | | | | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | | | Performed By | | | Outcome | | | | |
| | | | | | | | | | | | | N/A, | | | | | | | |
| Past Medical History | | | | | | | | | | | | | | | | | | | |
| MEDICATION ALLERGIES | | | | | | Generic Name | | | | | | Description | | | | | | | |
| [REDACTED] | | | | | | [REDACTED] | | | | | | [REDACTED] | | | | | | | |
| Patient Medications | | | | | | Generic Name | | | | | | Dosage | | | | | | | |
| [REDACTED] | | | | | | [REDACTED] | | | | | | [REDACTED] | | | | | | | |
| [REDACTED] | | | | | | [REDACTED] | | | | | | [REDACTED] | | | | | | | |
| [REDACTED] | | | | | | [REDACTED] | | | | | | [REDACTED] | | | | | | | |
| Medical Surgery History | | | | | | | | | | | | | | | | | | | |
| Hypertension | | | | | | | | | | | | | | | | | | | |
| History Primarily Obtained From Pregnancy Advanced Directives | | | | | | | | | | | | | | | | | | | |
| Practitioner Name | | | | | | | | | | | | | | | | | | | |
| Assessment Exam | | | | | | | | | | | | | | | | | | | |
| Patient Condition | | | | | | | | | | | | | | | | | | | |
| Chief Complaint: [REDACTED] | | | | | | | | | | | | | | | | | | | |
| Secondary Complaint: | | | | | | | | | | | | | | | | | | | |
| Alcohol/Drug Use: | | | | | | | | | | | | | | | | | | | |
| Injury Onset | | | | Injury Cause | | | | Injury Mechanism | | | | Injury Intent | | | | Ht. of Fall | | | |
| 06:0011 /24/2016 | | | | | | | | | | | | Not Recorded | | | | | | | |
| Primary Symptom | | | | | | | | | | | | | | | | | | | |
| Lethargic | | | | | | | | | | | | | | | | | | | |
| Other Associated Symptoms | | | | | | | | | | | | | | | | | | | |
| Not Recorded | | | | | | | | | | | | | | | | | | | |
| Patient Vitals | | | | | | | | | | | | | | | | | | | |
| Time | B/P | Pulse | Rhythm | Resp. | Effort | SpO2 | SpO2 Qual. | EtCO2 | GCS | Pain | Stroke | Scl | PTA | B.G. | RTS | Limb | Patient Position | | |
| 06:14 | [REDACTED] | | | | | [REDACTED] | | | | | | | | | | | | | |
| 06:16 | | | | | | | | | | | | | | | | | | | |
| 06:27 | | | | | | | | | | | | | | | | | | | |
| 06:29 | | | | | | | | | | | | | | | | | | | |
| 06:34 | | | | | | | | | | | | | | | | | | | |

Inc. Date: 11/24/2016

Patient Name: [REDACTED]

Westland Fire Department

Page: 1

Incident #:

Call #: 16-13844WL

Date Printed: 04/09/2019 14:40

16-13844WL

Patient Name: [REDACTED]

| 06:39 | 165/89 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------|----------------|---|-------------------------|----------|------------------------------|---------------------------|------------|---|---------|-------|-------|-------------|-----|------------------|-----|----------|-----|---------|------|-------|---------|------------|----|-------|-----------|--------------|-------|------------------|
| ECG Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | ECG Type | ECG Lead | ECG Interpretation | | | | | | | | | | ECG Ectopy | | Cause For Change | | | | | | | | | | | | | | |
| 06:15 | ECG-Monitor | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06:27 | ECG-Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06:28 | ECG-Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06:39 | ECG-Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedures and Treatments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Crew | Name | Location | Size of Equipment | Attempts | Response | Success | Comments | | | | | | | | | | | | | | | | | | | | | |
| 06:06 | TW | [REDACTED] | | | 1 | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | |
| 06:21 | TW | [REDACTED] | | | 1 | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | |
| Intubation Confirmation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Preoxy | Gastric Sounds | Lung | L/R | Chest | L/R | Wave | Form | ETCO2 | Numeric | ETCO2 | Color | Verify Tube | EDD | Draws Back | EDD | Inflates | EDD | Misting | POGO | Score | Secured | Tube Depth | At | Depth | Tube size | Verify X-Ray | MD/RN | Verify Placement |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Administered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Crew | Medication | Route | Dosage | Response | PTA | Comments | | | | | | | | | | | | | | | | | | | | | | |
| 06:21 | TW | [REDACTED] | | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | |
| Injury Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Transport/Positioning | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Moved To Ambulance | | | Patient's Position In Transport | | | | | | Patient Moved From Ambulance | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | [REDACTED] | | | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | |
| Call Type and Location | | | Call Disposition | | | | | | Response Times and Mileage | | | | | | | | | | | | | | | | | | | | |
| Call Type: Altered Mental Status Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184 | | | Disposition: Treated, Transported by EMS Resp. Mode: Lights and Sirens Destination: GARDEN CITY HOSPITAL, 6245 INKSTER RD, Garden City, MI 48135 Dest. Determined: Specialty Resource Center Diverted From: Response Delay: None Scene Delay: None Transport Delay: None | | | | | | 1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Call Sign: Rescue 4 Veh. #: Spare Rescue 3-2010 Chevy Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Depart: 06:26 Arrive Dest: 06:35 Dest. Miles: 6.4 To Dest: 6.4 In Service: 07:04 Cancelled: In Quarters: End Miles: 6.4 To End: 0.0 | | | | | | | | | | | | | | | | | | | | |
| Unit Personnel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crew Member | Level of Certification | | | | | | Role | | | | | | | | | | | | | | | | | | | | | | |
| Wilson, Tim(TW) | EMT-Paramedic | | | | | | Primary Patient Caregiver | | | | | | | | | | | | | | | | | | | | | | |
| Proctor, Andrew(AP) | EMT-Paramedic | | | | | | Primary Patient Caregiver | | | | | | | | | | | | | | | | | | | | | | |
| Other Responding Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Method: | | | | | | Work Related? Not Applicable | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company Name | Company City | Company State | Insurance Policy # | Relationship To Insured | | | | | | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Occupation Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | Industry | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service-Defined Questions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Run Priority | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CT # | 5669 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Patient Name: [REDACTED]

| | |
|--|-----------|
| Primary Response District | Station 3 |
| Drug Box/ A-Pack | |
| Mutual Aid Given or Received | N/A |
| Department Given or Receiving Mutual Aid | NA |
| Additional WLFD units dispatched | |

Patient Name [REDACTED]

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature

S. Wright DO

Printed Name S. Wright

Date 11/24/2016 06:42

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature

Printed Name

Date

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

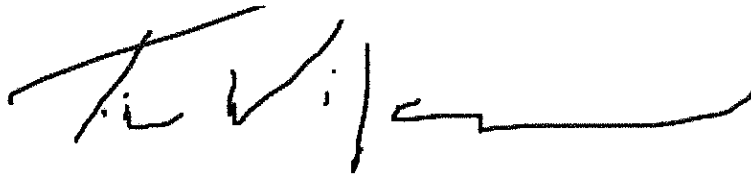
Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature



Printed Name Tim Wilson

Date

Reason Pt. Unable to Sign condition

Valuables

Valuables:

Other/Desc: medication bottles

Belongings Left: At Destination with Patient

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE

WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 2 of 3

Unit Call Sign: Rescue 2

| Patient Information | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------|----------------|--------------------|--------------------|------------|---------------------------|------------|--------------------------------|------------|---------------|------------------|-----------------------|------------|-------------|------------|------------------|---------|------|-------|---------|------------|----|-------|-----------|--------------|-------|------------------|
| Name: [REDACTED] | | | | Age: [REDACTED] | | | | D.O.B: [REDACTED] (mm/dd/yyyy) | | | | | | | | | | | | | | | | | | | |
| Address: 5636 E. Hickory Hollow | | | | Gender: [REDACTED] | | | | SSN: [REDACTED] | | | | Race: [REDACTED] | | | | | | | | | | | | | | | |
| Wayne, Wayne, MI48184 | | | | Weight: [REDACTED] | | | | Phone: [REDACTED] | | | | Ethnicity: [REDACTED] | | | | | | | | | | | | | | | |
| Provider Impression | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Impression | | | | | | | | Secondary Impression | | | | | | | | | | | | | | | | | | | |
| No Apparent Illness/Injury | | | | | | | | Not Applicable | | | | | | | | | | | | | | | | | | | |
| Narrative | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summary of Events | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dispatched for a CO alarm with multiple patients. Arrived to find 20 y/o male A&Ox4 ambulatory outside. [REDACTED] Pt denied any medical complaints. Pt ambulated to our ambulance. Pt sat on the bench seat. Pt was sleeping in the basement where levels were 240 PPM of CO. Unknown how long the exposure was. V/S obtained, [REDACTED] Pt transported to Beaumont Wayne sitting upright on the bench seat secured with a lap belt. Pt had no medical complaints during transport. Contacted HEMS and gave P3 report. Upon arrival to Beaumont Wayne pt taken into the ER via wheelchair. Pt moved to ER bed, report given to ER RN, pt care transferred to ER medical staff. A532 clear with no incidents. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | Performed By | | | | Outcome | | | | | | | | | | | | | | | |
| | | | | | | | | N/A | | | | | | | | | | | | | | | | | | | |
| Past Medical History | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICATION ALLERGIES | | | | Generic Name | | | | Description | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Medications | | | | Generic Name | | | | Dosage | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Surgery History | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| History Primarily Obtained From | | | | Pregnancy | | | | Advanced Directives | | | | Practitioner Name | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment Exam | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chief Complaint: No Medical Complaint X Minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary Complaint: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol/Drug Use: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Injury Onset | | Injury Cause | | | | Injury Mechanism | | | | Injury Intent | | | | Ht. of Fall | | | | | | | | | | | | | |
| 05:5411 /24/2016 | | | | | | | | | | Not Recorded | | | | | | | | | | | | | | | | | |
| Primary Symptom | | | | | | Other Associated Symptoms | | | | | | | | | | | | | | | | | | | | | |
| No Signs or Symptoms | | | | | | Not Recorded | | | | | | | | | | | | | | | | | | | | | |
| Patient Vitals | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | B/P | Pulse | Rhythm | Resp. | Effort | SpO2 | SpO2 Qual. | EtCO2 | GCS | Pain | Stroke Scl | PTA | B.G. | RTS | Limb | Patient Position | | | | | | | | | | | |
| 06:12 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | | | | | | | | | | |
| ECG Monitor | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | ECG Type | ECG Lead | ECG Interpretation | | | | ECG Ectopy | | | | Cause For Change | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedures and Treatments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Crew Name | Location | | | | Size of Equipment | | | | Attempts | Response | Success | Comments | | | | | | | | | | | | | | |
| 06:11 MN | Assessment-Adult | | | | | | | | | 1 | | | | | | | | | | | | | | | | | |
| Intubation Confirmation | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Preoxy | Gastric Sounds | Lung | Chest L/R | Wave L/R | Form | ETCO2 | Numeric | ETCO2 | Color | Verify Tube | EDD | Draws Back | EDD | Inflates | EDD | Misting | POGO | Score | Secured | Tube Depth | At | Depth | Tube size | Verify X-Ray | MD/RN | Verify Placement |

Inc. Date: 11/24/2016

Patient Name: [REDACTED]

Westland Fire Department

Page: 1

Incident #:

Call #: 16-13844WL

Date Printed: 04/09/2019 14:40

16-13844WL

Patient Name: [REDACTED]

| Medication Administered | | | | | | | |
|---|--------------|--|--------------------|--|------------------------------|-----|----------|
| Time | Crew | Medication | Route | Dosage | Response | PTA | Comments |
| Injury Details | | | | | | | |
| Patient Transport/Positioning | | | | | | | |
| Patient Moved To Ambulance | | Patient's Position In Transport | | | Patient Moved From Ambulance | | |
| Assisted/Walk | | Sitting | | | Wheelchair | | |
| Call Type and Location | | Call Disposition | | Response Times and Mileage | | | |
| Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184 | | Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None | | 1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Call Sign: Rescue 2 Veh. #: Rescue 2-2011 Chevrolet Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Enroute: 05:58 At Scene: 06:10 At Patient: 06:11 Depart: 06:30 Arrive Dest: 06:39 Dest. Miles: 1.0 To Dest: 1.0 In Service: 07:19 Cancelled: In Quarters: End Miles: 1.0 To End: 0.0 | | | |
| Unit Personnel | | | | | | | |
| Crew Member | | Level of Certification | | Role | | | |
| Nation, Mark(MN) | | EMT-Paramedic | | Primary Patient Caregiver | | | |
| Knapp, Brian(BK) | | EMT-Paramedic | | Secondary Patient Caregiver | | | |
| Other Responding Unit | | | | | | | |
| Billing Information | | | | | | | |
| Payment Method: Insurance | | | | Work Related? Not Applicable | | | |
| Insurance Information | | | | | | | |
| Company Name | Company City | Company State | Insurance Policy # | Relationship To Insured | | | |
| [REDACTED] | Detroit | MI | [REDACTED] | Self | | | |
| Patient Occupation Information | | | | | | | |
| Occupation | | | | Industry | | | |
| Service-Defined Questions | | | | | | | |
| Run Priority | | | | 3 | | | |
| CT # | | | | 5669 | | | |
| Primary Response District | | | | Station 3 | | | |
| Drug Box/ A-Pack | | | | | | | |
| Mutual Aid Given or Received | | | | N/A | | | |
| Department Given or Receiving Mutual Aid | | | | NA | | | |
| Additional WLFD units dispatched | | | | | | | |

Patient Name [REDACTED]

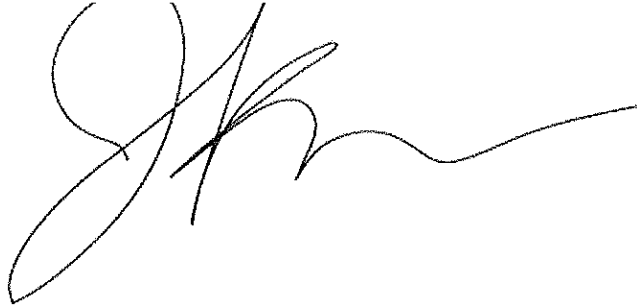
Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer, PA

Date 11/24/2016 06:44

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

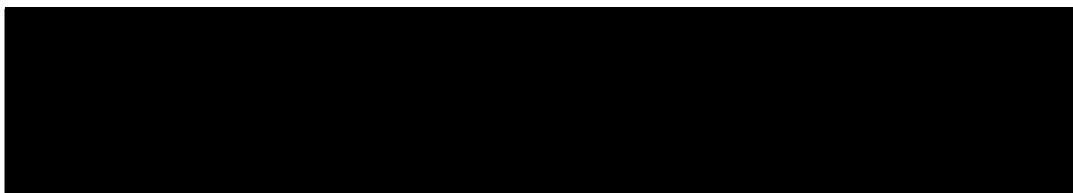
I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature



Printed Name [REDACTED]

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature



Printed Name Mark Nation

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

Other/Desc: Phone

Belongings Left: At Destination with Patient

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department

37201 MARQUETTE

WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 3 of 3

Unit Call Sign: Rescue 2

| Patient Information | | | | | | | | | | | | | | | | |
|---|-----------------|---------------------------|---------------------------|--------------------------------------|-----------------------------|----------------------------|-------------------|--------------------------|-------------------------|-------------|-------------------|------------|-------------|------------|-------------|-------------------------|
| Name: [REDACTED] | | Age: [REDACTED] | | D.O.B: [REDACTED] mm/dd/yyyy) | | | | | | | | | | | | |
| Address: 5636 E. Hickory Hollow | | Gender: [REDACTED] | | SSN: [REDACTED] | | | | | | | | | | | | |
| Wayne, Wayne, MI48184 | | Weight: [REDACTED] | | Race: [REDACTED] | | | | | | | | | | | | |
| | | Phone: [REDACTED] | | Ethnicity: [REDACTED] | | | | | | | | | | | | |
| Closest Relative/Guardian | | | | | | | | | | | | | | | | |
| Name: Brown, Shell-Nell | | | | Relationship: Mother | | | | | | | | | | | | |
| Address: | | | | Phone #: 7344698656 | | | | | | | | | | | | |
| Provider Impression | | | | | | | | | | | | | | | | |
| Primary Impression | | | | | Secondary Impression | | | | | | | | | | | |
| No Apparent Illness/Injury | | | | | Not Applicable | | | | | | | | | | | |
| Narrative | | | | | | | | | | | | | | | | |
| Summary of Events | | | | | | | | | | | | | | | | |
| <p>Dispatched for a CO alarm with multiple patients. Arrived to find 5 y/o female A&Ox4 ambulatory outside. [REDACTED] Pt denied any medical complaints. Pt ambulated to our ambulance. Pt sat on the jump seat. Pt was sleeping in the basement where levels were 240 PPM of CO. Unknown how long the exposure was. V/S obtained, [REDACTED] Pt transported to Beaumont Wayne sitting upright on the jump seat secured with a child harness. Pt had no medical complaints during transport. Contacted HEMS and gave P3 report. Upon arrival to Beaumont Wayne pt taken into the ER via wheelchair. Pt moved to ER bed, report given to ER RN, pt care transferred to ER medical staff. A532 clear with no incidents.</p> | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | | | | | | | |
| Prior Aid | | | | Performed By | | | Outcome | | | | | | | | | |
| | | | | N/A | | | | | | | | | | | | |
| Past Medical History | | | | | | | | | | | | | | | | |
| MEDICATION ALLERGIES | | Generic Name | | | Description | | | | | | | | | | | |
| [REDACTED] | | [REDACTED] | | | [REDACTED] | | | | | | | | | | | |
| Patient Medications | | Generic Name | | | Dosage | | | | | | | | | | | |
| [REDACTED] | | [REDACTED] | | | [REDACTED] | | | | | | | | | | | |
| Medical Surgery History | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | | | | | | | | | | | | | |
| History Primarily Obtained From | | | | Pregnancy | | Advanced Directives | | Practitioner Name | | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | [REDACTED] | | [REDACTED] | | | | | | | | |
| Assessment Exam | | | | | | | | | | | | | | | | |
| Patient Condition | | | | | | | | | | | | | | | | |
| Chief Complaint: No Medical Complaint X Minutes | | | | | | | | | | | | | | | | |
| Secondary Complaint: | | | | | | | | | | | | | | | | |
| Alcohol/Drug Use: | | | | | | | | | | | | | | | | |
| Injury Onset | | Injury Cause | | Injury Mechanism | | Injury Intent | | Ht. of Fall | | | | | | | | |
| 05:5411 /24/2016 | | | | | | Not Recorded | | | | | | | | | | |
| Primary Symptom | | | | Other Associated Symptoms | | | | | | | | | | | | |
| No Signs or Symptoms | | | | Not Recorded | | | | | | | | | | | | |
| Patient Vitals | | | | | | | | | | | | | | | | |
| Time | B/P | Pulse | Rhythm | Resp. | Effort | SpO2 | SpO2 Qual. | EtCO2 | GCS | Pain | Stroke Scl | PTA | B.G. | RTS | Limb | Patient Position |
| 06:22 | | | | | | | | | | | | | | | | |
| ECG Monitor | | | | | | | | | | | | | | | | |
| Time | ECG Type | ECG Lead | ECG Interpretation | | | ECG Ectopy | | | Cause For Change | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Procedures and Treatments | | | | | | | | | | | | | | | | |
| Time | Crew | Name | Location | | Size of Equipment | Attempts | Response | Success | Comments | | | | | | | |
| 06:11 | MN | Assessment-Adult | | | | | | | | | | | | | | |

Patient Name: [REDACTED]

| Intubation Confirmation | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|----------------|----------|---|--------|------|---------------|--|-------------|-----|------------|------------------------------|----------|-----|---------|------------------------------|-------|---------|---------------|-------|-----------|--------------|-------|------------------|
| Time | Preoxy | Gastric Sounds | Lung L/R | Chest L/R | Wave | Form | ETCO2 Numeric | ETCO2 Color | Verify Tube | EDD | Draws Back | EDD | Inflates | EDD | Misting | POGO | Score | Secured | Tube Depth At | Depth | Tube size | Verify X-Ray | MD/RN | Verify Placement |
| Medication Administered | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Crew | Medication | Route | | Dosage | | Response | | PTA | | Comments | | | | | | | | | | | | | |
| Injury Details | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Transport/Positioning | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Moved To Ambulance | | | | | | | | Patient's Position In Transport | | | | | | | | Patient Moved From Ambulance | | | | | | | | |
| Assisted/Walk | | | | | | | | Sitting | | | | | | | | Wheelchair | | | | | | | | |
| Call Type and Location | | | | Call Disposition | | | | Response Times and Mileage | | | | | | | | | | | | | | | | |
| Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollow Wayne, Wayne, MI 48184 | | | | Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determined: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None | | | | 1st Resp. Arr.: PSAP: 05:54 Incident #: 16-13844WL Disp. Notified: 05:54 Call Sign: Rescue 2 Unit Disp.: 05:54 Veh. #: Rescue 2-2011 Chevrolet Enroute: 05:58 Start Miles: 0.0 At Scene: 06:10 Scene Miles: 0.0 To Scene: 0.0 At Patient: 06:11 Depart: 06:30 Dest. Miles: 1.0 To Dest: 1.0 Arrive Dest: 06:39 In Service: 07:19 Cancelled: In Quarters: End Miles: 1.0 To End: 0.0 | | | | | | | | | | | | | | | | |
| Unit Personnel | | | | | | | | | | | | | | | | | | | | | | | | |
| Crew Member | | | | Level of Certification | | | | | | | | Role | | | | | | | | | | | | |
| Nation, Mark(MN) | | | | EMT-Paramedic | | | | | | | | Primary Patient Caregiver | | | | | | | | | | | | |
| Knapp, Brian(BK) | | | | EMT-Paramedic | | | | | | | | Secondary Patient Caregiver | | | | | | | | | | | | |
| Other Responding Unit | | | | | | | | | | | | | | | | | | | | | | | | |
| Billing Information | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment Method: | | | | | | | | | | | | Work Related? Not Applicable | | | | | | | | | | | | |
| Patient Occupation Information | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | Industry | | | | | | | | | | | | |
| Service-Defined Questions | | | | | | | | | | | | | | | | | | | | | | | | |
| Run Priority | | | | | | | | | | | | 3 | | | | | | | | | | | | |
| CT # | | | | | | | | | | | | 5669 | | | | | | | | | | | | |
| Primary Response District | | | | | | | | | | | | Station 3 | | | | | | | | | | | | |
| Drug Box/ A-Pack | | | | | | | | | | | | | | | | | | | | | | | | |
| Mutual Aid Given or Received | | | | | | | | | | | | N/A | | | | | | | | | | | | |
| Department Given or Receiving Mutual Aid | | | | | | | | | | | | NA | | | | | | | | | | | | |
| Additional WLFD units dispatched | | | | | | | | | | | | | | | | | | | | | | | | |

Patient Name: [REDACTED]

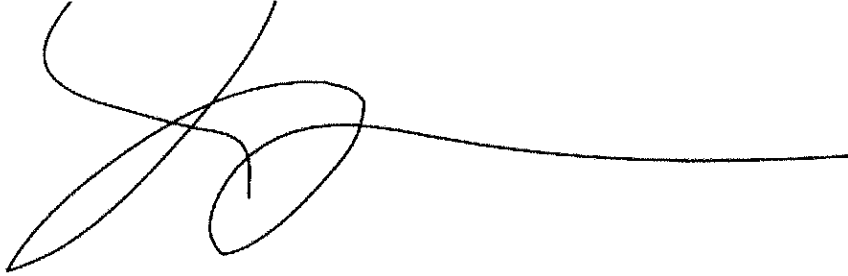
Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer, PA

Date 11/24/2016 06:43

Authorized Representative Signature

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Witness

I acknowledge that I have witnessed the patient/guardian sign this Patient Care Report.

I Agree I Disagree Not Applicable

Authorized Representative

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.

I Agree I Disagree Not Applicable

Signature



Printed Name Dorothy Barnes

Relationship Great Grandma

Address 3354 Turnberry Lane

State MI

Date 11/24/2016

Authorized Representative

City Ann Arbor

Postal Code

Patient Name: [REDACTED]

| | |
|---------------------------------------|--------------|
| Reason Pt. Unable to Sign Minor Child | Phone Number |
| Valuables | |
| Valuables: | |
| Other/Desc: None | |

Patient Name [REDACTED]

Prehospital Care Report

Westland Fire Department
37201 MARQUETTE
WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13842WL

Patient Care #: 1
Unit Call Sign: Rescue 3
Life Threat: No

| Patient Information | | | | | | | | | | | | | | | | |
|---|-----------------|---------------------|---------------------------|--------------|----------------------------------|-------------|--|--------------|-------------------------|----------------------|-------------------|------------------------------|-------------------------|------------|-------------|-------------------------|
| Name: [REDACTED] | | | | | Age: [REDACTED] | | D.O.B.: [REDACTED] (mm/dd/yyyy) | | | | | | | | | |
| Address: 5636 E Hickory Hollow Wayne, Wayne, MI48184 | | | | | Gender: [REDACTED] | | SSN: [REDACTED] | | Race: [REDACTED] | | | Ethnicity: [REDACTED] | | | | |
| | | | | | Weight: [REDACTED] | | Phone: [REDACTED] | | | | | | | | | |
| Provider Impression | | | | | | | | | | | | | | | | |
| Primary Impression | | | | | | | Secondary Impression | | | | | | | | | |
| Altered Level of Consciousness | | | | | | | Not Applicable | | | | | | | | | |
| Narrative | | | | | | | | | | | | | | | | |
| Summary of Events | | | | | | | | | | | | | | | | |
| A533 dispatched for someone yelling help. A533 arrived to find a [REDACTED] | | | | | | | | | | | | | | | | |
| Pt states that she woke up and felt like she could not breathe. Pt states that she opened all the windows to her home and noticed that her husband would not get out of bed. Pt states she went outside yelling for help. | | | | | | | | | | | | | | | | |
| Upon further investigation of the home, E3 found very high levels (300+ ppm) of CO in the home. [REDACTED] | | | | | | | | | | | | | | | | |
| [REDACTED] Pt vitals assessed. [REDACTED] and [REDACTED] | | | | | | | | | | | | | | | | |
| Pt transported without incident and [REDACTED] Upon arrival, A533 transferred pt cared to ED staff with full pt care report given. | | | | | | | | | | | | | | | | |
| A533 returned in service. | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | | | | | | | |
| Prior Aid | | | | | | | | | | Performed By | | | Outcome | | | |
| | | | | | | | | | | N/A, | | | | | | |
| Past Medical History | | | | | | | | | | | | | | | | |
| MEDICATION ALLERGIES | | | | | Generic Name | | | | | Description | | | | | | |
| [REDACTED] | | | | | [REDACTED] | | | | | [REDACTED] | | | | | | |
| Patient Medications | | | | | Generic Name | | | | | Dosage | | | | | | |
| [REDACTED] | | | | | | | | | | | | | | | | |
| Medical Surgery History | | | | | | | | | | | | | | | | |
| [REDACTED] | | | | | | | | | | | | | | | | |
| History Primarily Obtained From Pregnancy Advanced Directives Practitioner Name | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Assessment Exam | | | | | | | | | | | | | | | | |
| Patient Condition | | | | | | | | | | | | | | | | |
| Chief Complaint: [REDACTED] | | | | | | | | | | | | | | | | |
| Secondary Complaint: | | | | | | | | | | | | | | | | |
| Alcohol/Drug Use: [REDACTED] | | | | | | | | | | | | | | | | |
| Injury Onset | | Injury Cause | | | Injury Mechanism | | | | | Injury Intent | | | Ht. of Fall | | | |
| 05:5311 /24/2016 | | Not Applicable | | | | | | | | Not Applicable | | | | | | |
| Primary Symptom | | | | | Other Associated Symptoms | | | | | | | | | | | |
| [REDACTED] | | | | | [REDACTED] | | | | | | | | | | | |
| Patient Vitals | | | | | | | | | | | | | | | | |
| Time | B/P | Pulse | Rhythm | Resp. | Effort | SpO2 | SpO2 Qual. | EtCO2 | GCS | Pain | Stroke Scl | PTA | B.G. | RTS | Limb | Patient Position |
| 05:50 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| 06:16 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| ECG Monitor | | | | | | | | | | | | | | | | |
| Time | ECG Type | ECG Lead | ECG Interpretation | | | | | | | | ECG Ectopy | | Cause For Change | | | |
| 06:00 | [REDACTED] | [REDACTED] | [REDACTED] | | | | | | | | | | | | | |

Patient Name: [REDACTED]

| Procedures and Treatments | | | | | | | | | | | | | | |
|---------------------------|------|------------|----------|-------------------|----------|----------|---------|----------|--|--|--|--|--|--|
| Time | Crew | Name | Location | Size of Equipment | Attempts | Response | Success | Comments | | | | | | |
| 05:47 | NW | [REDACTED] | | | | | | | | | | | | |
| 05:59 | NW | [REDACTED] | | | | | | | | | | | | |
| 06:04 | NW | [REDACTED] | | | | | | | | | | | | |

| Intubation Confirmation | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--------|----------------|----------|-----------|------|------|---------------|-------------|-------------|-----|------------|-----|----------|-----|---------|------------|---------|---------------|-------|-----------|--------------|--------------|-----------|
| Time | Preoxy | Gastric Sounds | Lung L/R | Chest L/R | Wave | Form | ETCO2 Numeric | ETCO2 Color | Verify Tube | EDD | Draws Back | EDD | Inflates | EDD | Misting | POGO Score | Secured | Tube Depth At | Depth | Tube size | Verify X-Ray | MD/RN Verify | Placement |
| | | | | | | | | | | | | | | | | | | | | | | | |

| Medication Administered | | | | | | | |
|-------------------------|------|------------|------------|------------|------------|------------|------------|
| Time | Crew | Medication | Route | Dosage | Response | PTA | Comments |
| 05:51 | NW | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

| Injury Details | | |
|-------------------------------|---------------------------------|------------------------------|
| Patient Transport/Positioning | | |
| Patient Moved To Ambulance | Patient's Position In Transport | Patient Moved From Ambulance |
| [REDACTED] | [REDACTED] | [REDACTED] |

| Call Type and Location | Call Disposition | Response Times and Mileage | |
|---|--|--|---|
| Call Type: [REDACTED] Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E Hickory Hollow Wayne, Wayne, MI 48184 | Disposition: Treated, Transported by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE, 33155 ANNAPOLIS AVE, Wayne, MI 48184 Dest. Determ.: Closest Facility Diverted From: Response Delay: None Scene Delay: None Transport Delay: None | 1st Resp. Arr.: PSAP: 05:35 Incident #: 16-13842WL Call Sign: Rescue 3 Veh. #: Rescue 3-2010 Chevrolet Start Miles: 0.0 Scene Miles: 0.0 To Scene: 0.0 Dest. Miles: 1.0 To Dest: 1.0 End Miles: 1.0 To End: 0.0 | Arrive Dest: 06:20 In Service: 06:45 Cancelled: In Quarters: |

| Unit Personnel | | |
|----------------------|------------------------|---------------------------|
| Crew Member | Level of Certification | Role |
| Winrow, Nicholas(NW) | EMT-Paramedic | Primary Patient Caregiver |
| Bandy, Michael(MB) | EMT-Paramedic | Primary Patient Caregiver |

| Other Responding Unit | |
|-----------------------|--|
| | |

| Billing Information | |
|--------------------------|------------------------------|
| Payment Method: Self Pay | Work Related? Not Applicable |
| | |

| Insurance Information | | | | |
|-----------------------|--------------|---------------|--------------------|-------------------------|
| Company Name | Company City | Company State | Insurance Policy # | Relationship To Insured |
| None | | MI | | Self |

| Patient Occupation Information | |
|--------------------------------|----------|
| Occupation | Industry |
| | |

| Service-Defined Questions | |
|--|----------------------|
| Run Priority | 2 |
| CT # | 5669 |
| Primary Response District | Station 3 |
| Drug Box/ A-Pack | old A1166 New A212-2 |
| Mutual Aid Given or Received | N/A |
| Department Given or Receiving Mutual Aid | NA |
| Additional WFLD units dispatched | E-3 |

Patient Name [REDACTED]

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Signature



Printed Name Knauer

Date 11/24/2016 06:28

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I Agree I Disagree Not Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

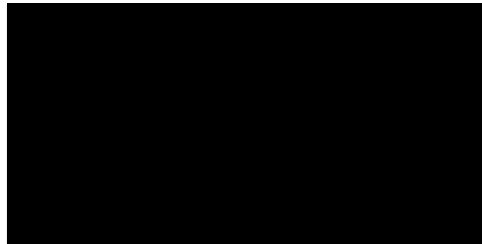
I Agree I Disagree Not Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I Disagree Not Applicable

Signature



Printed Name [REDACTED]

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I Disagree Not Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I Agree I Disagree Not Applicable

Patient Name: [REDACTED]

Signature



Printed Name Michael Bandy

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--------------------------|--|--|--|--|--|
| A FDID: 08251 State: MI Incident Date: MM 11 DD 24 YYYY 2016 Station: Sta 3 Incident Number: 16-13842 Exposure: 0 | | | | | | | | | | NFIRS-1 Basic | | | | | |
| B Location Type <small>Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B, "Alternative Location Specification." Use only for wildland fires.</small> | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Street address: 5636 East Hickory Hollow Census Tract: 5669 -1 00 Intersection: Number/Milepost: Prefix: Street or Highway: CT In front of: Apt./Suite/Room: City: Wayne State: MI Zip Code: 48184 Rear of: City: State: Zip Code: Adjacent to: Cross Street, Directions or National Grid, as applicable: Directions: US National Grid | | | | | | | | | | | | | | | |
| C Incident Type 424 Carbon monoxide incident | | | | E1 Dates and Times <small>Midnight is 0000</small> Alarm: Month 11 Day 24 Year 2016 Hour 05:40:00 Arrival: Month 11 Day 24 Year 2016 Hour 05:47:00 Controlled: Month 11 Day 24 Year 2016 Hour 08:10:00 Last Unit Cleared: Month 11 Day 24 Year 2016 Hour 08:10:00 | | | | E2 Shifts and Alarms Local Option: B Shift or Platoon: 1 Alarms: 3 District: E3 Special Studies Local Option: Special Study ID#: Special Study Value: | | | | | | | |
| D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given 4 Automatic aid given 5 Other aid given N X None | | | | Check boxes if dates are the same as Alarm Date. Their FDID: Their State: Their Incident Number: | | | | | | | | | | | |
| F Actions Taken 86 Investigate Primary Action Taken (1): 81 Incident command Additional Action Taken (2): 73 Provide manpower Additional Action Taken (3): | | | | G1 Resources <input checked="" type="checkbox"/> Check this box and test this block if an Apparatus or Personnel Module is used. Apparatus: 2 Personnel: 3 EMS: 0 Other: 0 Check box if resources counts include aid received resources. | | | | G2 Estimated Dollar Losses and Values LOSSES: Required for all fires if known. Optional for non-fires. None Property \$: 0 X Contents \$: 0 X PRE-INCIDENT VALUE: Optional Property \$: X Contents \$: X | | | | | | | |
| Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas.-4 Fire Service Cas.-5 EMS-6 HazMat-7 WildLand Fire-8 X Apparatus-9 X Personnel-10 Arson-11 | | | | H1 Casualties <input checked="" type="checkbox"/> None Death Injury Fire Service: 0 0 Civilian: H2 Detector 1 Required for confined fires. Detector alerted occupants 2 X Detector did not alert occupants U Unknown | | | | H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evap, or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None | | | | I Mixed Use Property 00 Mixed use, other 10 Assembly use 20 Educational use 33 Medical use 40 X Residential use 51 Row of stores 53 Enclosed mall 58 Business and residential use 59 Office use 60 Industrial use 63 Military use 65 Farm use NN Not mixed use | | | |

| J Property Use Structures | | | | | |
|---------------------------|---|-----|--|-----|---|
| 131 | Church, mosque, synagogue, temple, chapel | 341 | Clinic, clinic-type infirmary | 539 | Household goods, sales, repairs |
| 161 | Restaurant or cafeteria | 342 | Doctor, dentist or oral surgeon office | 571 | Service station, gas station |
| 162 | Bar or nightclub | 361 | Jail, prison (not juvenile) | 579 | Motor vehicle or boat sales, services, repair |
| 213 | Elementary school, including kindergarten | 419 | 1 or 2 family dwelling | 599 | Business office |
| 215 | High school/junior high school/middle school | 429 | <input checked="" type="checkbox"/> Multifamily dwelling | 615 | Electric-generating plant |
| 241 | Adult education center, college classroom | 439 | Boarding/rooming house, residential hotels | 629 | Laboratory or science laboratory |
| 311 | 24-hour care Nursing homes, 4 or more persons | 449 | Hotel/motel, commercial | 700 | Manufacturing, processing |
| 331 | Hospital - medical or psychiatric | 459 | Residential board and care | 819 | Livestock, poultry storage |
| | | 464 | Barracks, dormitory | 882 | Parking garage, general vehicle |
| | | 519 | Food and beverage sales, grocery store | 891 | Warehouse |
| Outside | | 936 | Vacant lot | 981 | Construction site |
| 124 | Playground | 938 | Graded and cared-for plots of land | 984 | Industrial plant yard - area |
| 655 | Crops or orchard | 946 | Lake, river, stream | | |
| 669 | Forest, timberland, woodland | 951 | Railroad right-of-way | | |
| 807 | Outside material storage area | 960 | Street, other | | |
| 919 | Dump, sanitary landfill | 961 | Highway or divided highway | | |
| 931 | Open land or field | 962 | Residential street, road or residential driveway | | |

Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.

Property Use 429

Code

Multifamily dwelling

Property Use Description

| K1 Person/Entity Involved | | | | | |
|---|-----------------|-------------------------------|-----------|-------------|--------------|
| Local Option | | Business Name (if Applicable) | | Area Code | Phone Number |
| Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines. | | | | | |
| Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix | |
| Number | Prefix | Street or Highway | | Street Type | Suffix |
| Post Office Box | Apt./Suite/Room | City | | | |
| State | Zip Code | | | | |

| K2 Owner | | | | | |
|---|-----------------|-------------------------------|-----------|-------------|--------------|
| Local Option | | Business Name (if Applicable) | | Area Code | Phone Number |
| Check this box if same address as Incident Location (Section B). Then skip the three duplicate address lines. | | | | | |
| Mr., Ms., Mrs. | First Name | MI | Last Name | Suffix | |
| Number | Prefix | Street or Highway | | Street Type | Suffix |
| Post Office Box | Apt./Suite/Room | City | | | |
| State | Zip Code | | | | |

| M Authorization | | | | | |
|-------------------------|---------------------|------------------|------------|-------|------|
| 1886 | Mitch Tokarski | Captain | Station 2 | 11 | 24 |
| 1220 | Alexander Silvestri | Sgt | Station 3 | 11 | 24 |
| Member Making report ID | Signature | Position or rank | Assignment | Month | Day |
| | | | | Year | Year |

| L Remarks | |
|---|--|
| Local Option | |
| <p>Dispatched to above address for [REDACTED] A second rescue was requested from dispatched at this time.</p> <p>Subsequently while searching the rest of the condo 2 more people were found in the basement aox3. A CO monitor showed 240 PPM in the basement and 120 ppm CO in the upstairs. Consumers energy was then contacted to respond to the scene. A third rescue was requested to evaluate the 2 patients from the basement, and Battalion 1 responded to the scene also. The condo was ventilated and the unit next door was checked with low levels of CO found in the basement. Engine 3 crew tried to isolate the source of the CO without success. Consumers arrived on scene. The scene was left with complex management and Consumers energy truck23325.</p> <p>Manager Carrie Ward 7347297262</p> | |

A FDID 08251 State MI Incident Date MM 11 DD 24 YYYY 2016 Station Sta 3 Incident Number 16-13842 Exposure 0

**NFIRS-9
Apparatus
or
Resources**

| B Apparatus or Resource | | Dates and Times | | Midnight is 0000 | Sent | Number of People | Apparatus Use | Actions Taken | |
|-------------------------|---------------------|---|----------|------------------|--------|------------------|--|---|----|
| | | Check if the same date as Alarm date on the Basic Module (Block E1) | | | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. | |
| | | Month/Day/Year | Hour/Min | | | | | | |
| 1 | ID E-3 Type 10 | Dispatch X 11/24/2016 | 0540 | | Sent X | 2 | Other X Suppression EMS | 86 73 | 81 |
| | | Arrival X 11/24/2016 | 0547 | | | | | | |
| | | Clear X 11/24/2016 | 0810 | | | | | | |
| 2 | ID Batt1 Type 91 | Dispatch X 11/24/2016 | 0540 | | Sent X | 1 | Other X Suppression EMS | 86 73 | 81 |
| | | Arrival X 11/24/2016 | 0547 | | | | | | |
| | | Clear X 11/24/2016 | 0810 | | | | | | |

| | | | | | | | | | | |
|----------|--|------------|--|----------|-------------------------------------|---------------|--------------------------|------------|---------------------------|--|
| A | | FDID 08251 | | State MI | Incident Date MM 11 DD 24 YYYY 2016 | Station Sta 3 | Incident Number 16-13842 | Exposure 0 | NFIRS-10 Personnel | |
|----------|--|------------|--|----------|-------------------------------------|---------------|--------------------------|------------|---------------------------|--|

| B Apparatus or Resource | | Dates and Times | | Midnight is 0000 | Sent | Number of People | Apparatus Use | Actions Taken | | | | | | |
|-------------------------|---------|---|-----------------|------------------|--------------|------------------|--|---|-------|---|-------------|-----|----|----|
| | | Check if the same date as Alarm date on the Basic Module (Block E1) | | | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. | | | | | | |
| 1 | ID E-3 | Dispatch | X 11/24/2016 | Hour/Min | 0540 | Sent | X | 2 | Other | X | Suppression | EMS | 86 | 81 |
| | Type 10 | Arrival | X 11/24/2016 | 0547 | | | | | | | | | | |
| | Clear | X 11/24/2016 | 0810 | | | | | | | | | | | |
| | | Personnel ID | Name | Rank Or Grade | Action Taken | Action Taken | Action Taken | Action Taken | | | | | | |
| | | 1886 | Tokarski, Mitch | Captain | 86 | 81 | 73 | | | | | | | |
| | | 2495 | McNeil, Andrew | Firefighter | 86 | 81 | 73 | | | | | | | |

| B Apparatus or Resource | | Dates and Times | | Midnight is 0000 | Sent | Number of People | Apparatus Use | Actions Taken | | | | | | |
|-------------------------|----------|---|--------------|------------------|--------------|------------------|--|---|-------|---|-------------|-----|----|----|
| | | Check if the same date as Alarm date on the Basic Module (Block E1) | | | | | Check ONE box for each apparatus to indicate its main use at the incident. | List up to 4 actions for each apparatus and each personnel. | | | | | | |
| 2 | ID Batt1 | Dispatch | X 11/24/2016 | Hour/Min | 0540 | Sent | X | 1 | Other | X | Suppression | EMS | 86 | 81 |
| | Type 91 | Arrival | X 11/24/2016 | 0547 | | | | | | | | | | |
| | Clear | X 11/24/2016 | 0810 | | | | | | | | | | | |
| | | Personnel ID | Name | Rank Or Grade | Action Taken | Action Taken | Action Taken | Action Taken | | | | | | |
| | | 68 | Buck, Andrew | Battalion Chief | 86 | 81 | 73 | | | | | | | |